Session 7 Discussion

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Conflicts of Interest

No conflicts of interest reported.

Overall knowledge gap

 Are there medically meaningful adverse outcomes from retained GBCA and their metabolites?

Observational studies

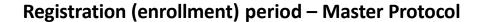
- Exposure assessment
 - Dose(s)
 - Contrast agent(s) utilized
 - Interval between exposure(s) and measurements
- Risk factor assessment before MRI exposure (and perhaps after MRI – for example radiation therapy of CNS tumor could affect findings in brain)
- Outcome assessment(s)
- Data validation
- Very rare adverse effect will need very large studies to find

"Retention" vs "symptoms"

- Identification of vulnerable patients
- Body symptoms/signs in CNS disease patients
- Neurological symptoms/signs in NON-CNS disease patients
- Gadolinium tissue topographic distribution (intra / extracellular in brain, skin, bone, liver etc.) – biosamples –

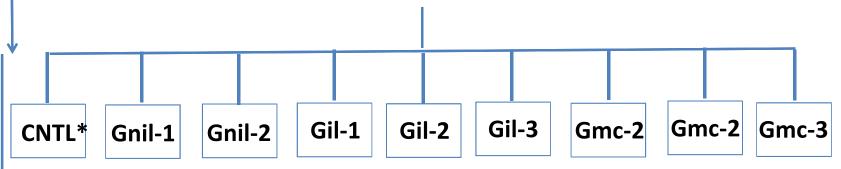
Prospective studies

- Normal healthy individuals vs. those with underlying conditions that might alter Gd entry to CNS/other organs
- ? Use of "convenience sample" for example of women undergoing contrast MR for breast cancer screening





Eligible Subjects Needing (Routine) Screening (Inclusion/Exclusion)



Data: age, sex, race, potential confounders (e.g., at-risk "low vs high", disease?), timings of repeated GBCA (allowing assessment of frequency of GBCA), etc. Data collection procedure such that dropouts can be minimized during follow-up Pre-specified risk margin?

* CNTL1, CNTL2

